

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for dates of service 7-27-01 through 10-18-01.
 - b. Requestor's letter dated 8-23-02 indicated that date of service 8-7-01 had been paid and was no longer in dispute.
 - b. The request was received on 7-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-2-02. The 14 day response from the insurance carrier was received in the Division on 9-17-02 . Based on 133.307 (i) the insurance carrier's response is untimely.
4. Notice of "Additional Information submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 12-29-01:

"For dates of service listed above CPT Codes 97010, 97014 or 97035 were denied. Your rationale states that we exceeded the maximum time and modalities per session. We feel that the reviewer is counting the TWO exercise codes AS TWO MODALITIES when in actuality, the two codes should be counted as ONE PROCEDURE. Please understand

that the two codes are one procedure. CPT code 97110 is a CONTINUATION of CPT code 97150. The ONLY difference between the two codes is environmental; one was performed ONE TO ONE (CPT code 97150) and the other was performed ONE ON ONE (CPT code 97110). They are BOTH the same procedure...CPT code 97010, 97014 OR 97035 is in all actuality *the* FOURTH modality billed.”

2. Respondent: Response was untimely and consequently cannot be reviewed.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 7-27-01 through 10-18-01.
2. The carrier denied the disputed services as reflected on the EOBs as “F – MAXIMUM REIMBURSEMENT BASED ON TX MEDICAL FEE SCHEDULE IS 4 MODALITIES, PROCEDURES, ACTIVITIES/TRAINING ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS. 04/01/96 TX FEE SCHEDULE, PAGE 32.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
7-27-01	97035	\$28.00	\$-0-	F	\$22.00	MFG; Medicine Ground Rules (I) (10) (a); CPT Descriptor	<p>The Carrier has denied the disputed service as, “F – MAXIMUM REIMBURSEMENT BASED ON TX MEDICAL FEE SCHEDULE IS 4 MODALITIES, PROCEDURES, ACTIVITIES/TRAINING ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS...”.</p> <p>The Medicine Ground Rules defines a physical medicine session as, “...any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97250 – 97541).”</p> <p>Each CPT Code billed stands alone and is considered a separate procedure. No two codes are considered one combined procedure. On each of the dates in dispute, the physical medicine session is limited to any combination of four different CPT Codes. Therefore, the Carrier has reimbursed appropriately and no additional reimbursement is recommended</p>

8-8-01 8-16-01 8-23-01	97014 97014 97014	\$25.00 \$25.00 \$25.00	\$-0- \$-0- \$-0-	F F F	\$15.00	MFG; Medicine Ground Rules (I) (10) (a); CPT Descriptor	<p>The Carrier has denied the disputed service as, “F – MAXIMUM REIMBURSEMENT BASED ON TX MEDICAL FEE SCHEDULE IS 4 MODALITIES, PROCEDURES, ACTIVITIES/TRAINING ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS...”.</p> <p>The Medicine Ground Rules defines a physical medicine session as, “...any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97250 – 97541).”</p> <p>Each CPT Code billed stands alone and is considered a separate procedure. No two codes are considered one combined procedure. On each of the dates in dispute, the physical medicine session is limited to any combination of four different CPT Codes. Therefore, the Carrier has reimbursed appropriately and no additional reimbursement is recommended</p>
8-10-01 8-22-01 10-18-01	97010 97010 97010	\$20.00 \$20.00 \$20.00	\$-0- \$-0- \$-0-	F F F	\$11.00	MFG; Medicine Ground Rules (I) (10) (a); CPT Descriptor	<p>The Carrier has denied the disputed service as, “F – MAXIMUM REIMBURSEMENT BASED ON TX MEDICAL FEE SCHEDULE IS 4 MODALITIES, PROCEDURES, ACTIVITIES/TRAINING ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS...”.</p> <p>The Medicine Ground Rules defines a physical medicine session as, “...any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97250 – 97541).”</p> <p>Each CPT Code billed stands alone and is considered a separate procedure. No two codes are considered one combined procedure. On each of the dates in dispute, the physical medicine session is limited to any combination of four different CPT Codes. Therefore, the Carrier has reimbursed appropriately and no additional reimbursement is recommended.</p>
Totals		\$163.00	\$-0-				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 6th day of January 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division